

MEMORANDUM

TO: Potential Gubernatorial Appointees

FROM: Boards and Commissions Staff, Office of the Governor

Please complete the attached forms, **in their entirety**, for consideration of a Gubernatorial appointment. Your cooperation in completing the attached forms will be most helpful during our appointment process. Send you completed forms **along with a current copy of your resume** to the Office of the Governor, P.O. Box 720, Jefferson City, MO 65102 or FAX them to (573) 751-1495. our quick response is appreciated.

If you have any questions please do not hesitate to call (573) 751-4767.



EXECUTIVE OFFICE, STATE OF MISSOURI

AUTHORIZATION & RELEASE

I, (name) _____, born at (city) _____,
(state) _____, on (date) _____, and currently residing at (address) _____
_____, (county) _____ having
applied for a governmental appointment, hereby consent to the release of information to the Office of the
Governor.

I authorize and request every person, firm, company, corporation, government agency, law enforcement agency, court, associate or institution having control of any documents, records or other information pertaining to me personally and to any corporations, partnerships, or companies of which I am an owner, or may be a responsible person, for collection of taxes, under the tax laws of the state of Missouri, to furnish to the Office of the Governor through the Missouri State Highway Patrol any such information, including all medical records, credit reports or documents, records and files regarding charges or complaints filed against me, including any complaints erased by law, whether formal or informal, pending or closed, or any other pertinent data; and to permit the Office of the Governor, the Missouri State Highway Patrol or any of their agents or representatives to inspect and make copies of such documents, records or other information.

I authorize and request the Missouri Department of Revenue to release confidential tax records for all tax period(s) to the Office of the Governor through the Missouri State Highway Patrol. This tax information may include but is not limited to individual income tax, sales tax, use tax, withholding tax or any other tax that is administered or collected by the Department of Revenue pertaining to me personally and to any corporations, partnerships, or companies of which I am an owner or may be a responsible person, for collection of taxes, under the tax laws of the state of Missouri. The Director of Revenue and Department personnel are hereby released from any and all liability pursuant to unauthorized disclosures of confidential tax information resulting from release of information covered by section 32.057 RSMo. under this document.

I authorize the custodian of my military records to release to the Office of the Governor through the Missouri State Highway Patrol information for personal review or photocopies from my military personnel file and related medical records, or only the following information/records: _____. This could include a photocopy of my DD Form 214, Report of Separation.

I, along with my spouse (name) _____, hereby release, discharge and exonerate the Office of the Governor, the Missouri State Highway Patrol, the Missouri Department of Revenue, the State of Missouri, their agents and representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or any investigation or report made by the above persons or entities. A copy of this release shall have the same effect as the original.

This authorization shall remain in full force and effect until the Office of the Governor is notified in writing that this release has been revoked by the undersigned individual.

(Signature)

(Date)

(Social Security Number)

(Signature of Spouse)

(Date)

(Spouse's Social Security Number)

Name: _____
Last First M.I.

Board/Commission applying for: _____

Current Home Address: _____
Street Address

City County State Zip

Are you registered to vote at the above address? _____

Congressional District: _____ **State Senator:** _____

State Representative: _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **FAX number:** _____

E-mail Address: _____

Current Place of Employment: _____

Position Held: _____

Social Security Number: _____

Date of Birth: _____

Gender: _____ **Race:** _____

(Note: this information is voluntary)

Party Affiliation if applicable to the position being applied for: _____

(Note: By statute many positions require Republican and Democrat members, Independent is not acceptable, if unsure please contact the assistant processing this appointment)

References:_____

Any Additional Information:_____
